PERMIT No:	



Application for Excavation Within Right-of-Way - Street / Alley Pavement

This application is intended to verify work performed within public right-of-way and to provide the contractor with a comprehensive checklist of typical performance obligations

•	Name of Contractor: Application Date:	
•	After hours/emergency phone number:	
•	Location/address of excavation:	_
	Lot No:Block No:Addition:	
	Reason for excavation:	
	Anticipated start date: Anticipated completion date:	
		_
•	Pavement Surface Type: $€$ Concrete $§$ Asphalt $§$ Gravel $§$ Sand $§$ Brick $§$ Other	
•	Size of excavation (Length, Width, Depth):	
	(If depth is over four (4') foot in depth see below checklist)	
•	Will excavation be performed in parking or within roadway:	
	(If within roadway see below checklist and contact City of Salina Engineering Dept.)	
(785 Eng	enever the Street Department has the role of backfill and street repair. The City Dept. of Public Works – Engineering Divis. (5-309-5725) must be notified no later than 2:00 PM (summer hours) or 3:00 PM (regular hours) on the final day gineering inspects streets and storm, Building Services (785-309-5715) inspects Water & Sanitary Sewer Services.	
	\Box If working within the roadway, has a traffic control plan been designed?	
	☐ Do you anticipate total closure of the roadway?	
	☐ Are you equipped to provide all devices needed to meet current traffic codes?	
	\Box If excavation exceeds four (4') foot in depth will shoring be used?	
	\Box If excavation exceeds four (4') foot in depth will slope protection be used?	
	□ Will excavated area be covered when left unattended overnight?	
	\Box Is there a street tree within ten (10') of the excavation? If "YES" applicant must call the	e
Cit	ty Forester at (785-826-7275) or email steve.blue@salina.org	
with pave	completing this application the contractor verifies that the information provided is correct and understands that all work phin the public right-of-way remains his, the contractor's liability/responsibility until city forces arrive to perform backwement replacement. By no circumstance does this form relinquish the contractor of any local building codes or safety splicant, please do not sign below until asked to do so from Engineering Division Staff.	ckfill and
App	pproved by:	
Арį	oplicant Signature of Receipt: Date:	
cc:	: Building Services; Utilities Superintendent; General Services; Contractor; Engineering	

P.W. FORM: afe2.22.feb.07

Inspector; File